

Mumps Rapid Assessment Form for the Local Investigator

(Please refer to the Disease investigation Guideline for additional guidance.)

	Initial Interview Information					Final Interview Information			
	Date: _____					Date of final: _____			
SYMPTOMS(S)	Unk.	No	Yes	Onset Date	Duration (days)	Still Swollen (yes / no)	Duration (days)		
Any Type of Salivary Gland Swelling (including parotitis)									
Submandibular (below jaw)				List any other symptoms (e.g., headache, anorexia, fatigue, body aches, stiff neck, difficulty swallowing, nasal congestion, cough, earache, sore throat, nausea, abdominal pain):					
Sublingual (beneath tongue)									
Parotitis (behind jaw angle)									
Bilateral Swelling									
Unilateral Swelling									
Jaw Pain									
Fever				If yes, highest temperature measured: _____					
CASE TRAVEL / VISITOR HISTORY (12-25 days prior to onset)				Date Arrive	Date Depart	Location (To / From)			
Out of USA									
Out of State									
Out of County									
LABORATORY TESTING				Collection Date	Results				
Culture					Positive / Negative / Indeterminate				
PCR					Positive / Negative / Indeterminate				
Serology IgM					Positive / Negative / Indeterminate				
Serology IgG - Acute					Positive / Negative / Indeterminate				
Serology IgG - Convalescent					Positive / Negative / Indeterminate				
COMPLICATIONS				Date(s)	Location(s)				
Hospitalized									
Died									
Deafness									
Encephalitis									
Meningitis									
Orchitis									
Other				If yes, specify: _____					
Mumps Vaccination History (i.e. MMR)				Date(s)	Type	Manufacturer	Lot		
Dose 1									
Dose 2									
If not vaccinated, reason:									
INITIAL EPI INFORMATION									
	Unk.	No	Yes	Date(s)	Location(s) or Case Information				
School/Daycare/Camp association									
Contact w/ Mumps case									
Household contact of any of above									
<i>Additional Notes (transmission setting / spread setting/occupation):</i>									

Mumps Rapid Assessment Form for the Local Investigator

(Please refer to the Disease investigation Guideline for additional guidance.)

<u>Activity History For 25 Days Before Symptom Onset and 3 days before and 5 Days After Onset (Onset=Day 0)</u>		
Day	Date	Activities
-25		
-24		
-23		
-22		
-21		
-20		
-19		
-18		
-17		
-16		
-15		
-14		
-13		
-12		
-11		
-10		
-9		
-8		
-7		
-6		
-5		
-4		
-3		
-2		
-1		
0		
1		
2		
3		
4		
5		